93.00	PART B - FEE(S) TRANSMITTAL						/ /	
	Complete and send the form, together with applicable fee(s				Mail Stop ISSUE Commissioner for P.O. Box 1450 Alexandria, Virg	or Patents	\mathcal{L}	
APR 2 8	and g		or]	Fax	(703) 746-4000	Ex	pressEV406652709U	
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DANIELS DANIELS & VERDONIK, P.A. SUITE 200 GENERATION PLAZA 1822 N.C. HIGHWAY 54 EAST DURHAM, NC 27713					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first elass mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
05/05/2005 BABRAHA2 00000160 09677120					Lynette M. Bailey (Depositor's name)			
01 FC:1501 1400.00 DP					April 29, 2	005 / 1/5	(Signature) (Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVEN			TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/677,120	09/29/2000	Keith Glidewell				40921/205584	2023	
TITLE OF INVENTION SYSTEM	: APPARATUS AND MET	HOD FOR PROC	CESS DISPA	TCHING	G BETWEEN INDIV	IDUAL PROCESSORS O	F A MULTI-PROCESSOR	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400			\$0	\$1400	05/03/2005	
EXAMINER ART UN			T CLASS-SUBCLASS					
SHAH, NILESH R 2127 718-103000								
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, A. Jose Cortina				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 Daniels Daniels - & Verdonik, I R. Kevin Perkins				
	ID RESIDENCE DATA TO B			-	•• •		· · · · · · · · · · · · · · · · · · ·	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
EMC Corporation Hopkinton, Massachusetts								
Please check the appropria	ate assignee category or catego	ries (will not be pri	inted on the p	atent):	☐ Individual ☐ Co	orporation or other private g	roup entity Government	
4a. The following fee(s) as	re enclosed:	4b.	. Payment of	` ,				
XI Issue Fee			A check in the amount of the fee(s) is enclosed.					
				Payment by credit card. Form PTO-2038 is attached.				
				The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).								
The Director of the USPT NOTE: The Issue Fee and interest as shown by the re	O is requested to apply the Issu Publication Fee (if required) v cords of the United States Pate	e Fee and Publicat vill not be accepted ent and Trademark	ion Fee (if an I from anyone Office.	y) or to	re-apply any previousl an the applicant; a regi	y paid issue fee to the applic stered attorney or agent; or	ation identified above. the assignee or other party in	

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Date April 29, 2005

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29,733

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